図63-045783 STATE FILE NUMBER Registration District No. Primary Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY VS 300 admission AMENDED Mo. Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY . Inside Limits TOWN TOWN St. Louis Yes ☐ No ☐ St. Louis c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm DATE HOSPITAL OR **ADDRESS** INSTITUTION St. Anthony Hospital Yes | No | Yes 🗆 No 🗆 4341 Oleatha Ave. 3. NAME OF DECEASED Middle 4. DATE First Last Month Day Year (Type or print) DEATH MARGOLF Dec. 1 1963 **EMMA** 9. AGE (last birthday) IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married 🗖 Never Married Widowed | Divorced [Hours 11-18-1900 Female White 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) FOLLOWS At Home St. Louis. Mo. U.S.A. Housework NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 13a, FATHER'S NAME margolt ilfred Marg**o**ld Benjamin Schawacker Wilhelmina Unknown 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown); (If yes, give war or dates of serving NONE Wilfred Margold 4341 Oleatha Ave. None ARE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line DOCUMENT ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 RECORD IMMEDIATE CAUSE (a) ᆼ 11 INSTEAD Conditions, if any, which gave rise to above cause (a), 王 stating the under-13 DUE 10 (c) lying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was disease condition given in PART I (a) there a pregnancy in last 90 days. **AMENDMENTS** ☐ Unknown 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES | NO DE 20c, TIME OF Ηου Month, Day, Year RIBBON INJURY a.m. BLACK INK STATE 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK I READ **TYPEWRITER** 21. I attended the deceased from 12:30 the date stated above, and to the best of my knowledge/from the causes stated. SHOULD Death occurred at 22c, DATE SIGNED ᆼ 22b. ADDRESS (Degree or title) 22a, SIGNATURE 23d. LOCATION (City, Joyen, or county) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a. BURIAL, CREMATION REMOVAL (Spec) Š St. Louis Co. Mo. Sunset Burial Park 1963 Removal 6 Dec. CAL REG. ITEM Kriegshauser 4228 S. Kingshighway Blvd.

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3-1911

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I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,	0 - 61
or by	, Student Embalmer No	_
working under my personal supervision.	Z = 7/0/0 1/1	1
Student	Signed Ornist W. Spillars	
Signature of Student Embalmer	Licensed Embalmer/NS/HOSO	
	P. O. Address Taura	mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

THE WAR